

PREVIOUSLY REPORTED, SUPPLEMENTAL REPORT TO STATE "GIVEN NAME"
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. *8116*

Registered No. _____

1. PLACE OF BIRTH—

County **GILA**

State **ARIZONA**

Township **ON RESERVATION**

or Village **SAN CARLOS**

City _____

2. Full name of child **EDITH POLK**

No. **NO HOSPITAL** Street **Scenic Drive** Ward **Ward 1**

Our birth occurred in a hospital or institution, give its NAME instead of street and number.

If child is not yet named, make supplemental report, as directed

3. Sex	Male	4. Twin, triplet, etc.	5. Premature	6. Age at birth	7. Date of birth
Female	BIRDS	5. Number, in order of birth	Premature	Age at birth	Date of birth

8. Full name of father	FATHER	9. Full name of mother	MOTHER
John ALTON POLK		EVA GOOD	

10. Residence (usual place of abode) Or if nonresident, give place and State	SAN CARLOS, ARIZ.
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11. Color or race	12. Age at last birthday	(Years)	13. Age at last birthday	(Years)
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14. Birthplace (city or place) (State or country)	15. Birthplace (city or place) (State or country)
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16. Trade, profession, or particular kind of work done, as spinner, caveman, bookkeeper, etc.	17. Total time (years) spent in this work	18. Trade, profession, or particular kind of work done as housekeeper, typist, nurse, clerk, etc.
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19. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
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21. Date (month and year) last engaged in this work	22. Birthplace (city or place) (State or country)	23. Date (month and year) last engaged in this work
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24. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. Number of children of this mother (At time of this birth and including this child)	(a) Born alive and now living	(b) Born alive but now dead	(c) Stillborn
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28. Gestation period of gestation months or weeks	29. Cause of stillbirth	Before labor	During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. }

Given name added from
a supplemental report

(Signed) *John Polk* M. D.

or *John Polk* Midwife

Address *San Carlos, Ariz.*

Filed *Aug 31 1933* J. H. Polk, M.D.

Register *John Polk*

572-608-575